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AUTHOR Nichols, Polly
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ABSTRACT

A teacher of behaviorally disordered children notes the unease which members of her profession feel towards therapy and urges that principles of psychotherapy be reexamined for possible incorporation into instruction. Four premises are addressed: (1) that excluding counseling and psychotherapeutic interventions limits the helping role of teachers; (2) that psychoeduction can contribute to and learn from educational technology; (3) that teachers can intentionally teach new thoughts, feelings, and behaviors; and (4) that psychologists and educators should work together to prepare materials and training opportunities for teacher education. Ways in which teachers can acquire some these skills (through courses, reading, and practice) are suggested. (CL)

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# Down the Up Staircase: The Teacher as Therapist

by Polly Nichols

*POLLY NICHOLS is a consultant with Child Psychiatry Services, University of Iowa, Iowa City.*

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Those of us who teach children termed emotionally disturbed (ED) or behaviorally disordered (BD) tend to be very uneasy about the notion of therapy. Special educators in other fields greet the word with calm. Most schools have the services of speech clinicians who provide speech therapy after making diagnoses; we clamor for the services of more physical and occupational therapists; LD teachers speak of prescriptive teaching and academic therapy. In these contexts, the fact that we are speaking straight out of the medical model (therapy comes from the Greek word for healing) scarcely seems to faze us. In our own field, however, we rarely even encounter the word. One recent text does include a chapter entitled, "Supportive Therapies" and lists them as writing therapy, bibliotherapy, poetry therapy, dance therapy, art therapy, drama therapy, music therapy, the computer and the telephone (Phillips, 1981); psychotherapy is alluded to but not discussed. In most texts that even list the word in their indexes, psychotherapy is pigeon-holed and dismissed in one to three paragraphs (Kauffman, 1981, Paul and Epanchin, 1982). Whatever we label our individual pigeon-holes — "psychodynamics," "mumbo-jumbo," "truth," "psychiatry," "awesome" or "irrelevant" — we know it is somebody else's concern. What the word *psychotherapy* means at heart is *healing* the *breath, spirit, soul,* or *mind*. Surely those are the kinds of things we had in mind when we set out to teach our children.

## Premises

The premises of this paper are:

1. By excluding what we believe to be out of our purview, i.e. counseling and psychotherapeutic interventions, we limit our potential as child helpers.

2. *Psychoeducation* has been redefined in current psychological theory and practice and now has much to contribute to and gain from educational technology.

3. Teachers can go beyond the manipulation of the classroom environment to foster children's academic, affective and social growth. They can intentionally teach children new thoughts, feelings and behaviors.

4. Psychologists and educators together prepare materials and training opportunities for ED/BD teachers so that we will feel competent and responsible to incorporate intentional psychological instruction as the central feature of our classrooms.

## Theory-Research

### Psychotherapy — Off Limits?

To put ourselves in a theoretical framework that allows us to do ourselves and our students some new kind of good, I believe we will have to pull this word out of whatever pigeon-hole we have filed it in and let it see the light of day. It is not a great word. Just say the prefix "*psycho*" and dread associations flash by — crazed, "psychopathic," cartoons of neurotic people on couches or pictures of psychotic ones in snake pits, a famous horror movie — clearly not for us.

Perhaps because it shares a prefix with psychoanalysis and psychiatry, psychotherapy is frequently put into those slots by educators. Once lodged there, it *is* clearly off limits. Psychoanalysts undergo years of training to operationalize a complex theory of unconscious mental processes; psychiatrists are medical doctors, just for a start.

### Definition of Terms

Psychologists use the word psychotherapy to encompass a full range of psychological techniques and to differentiate between the severity of clients' (or patients', if they are in hospitals) problems. Ivey (1980) makes these distinctions:

*Helping* — a general framework in which one person offers another person or group assistance, usually in the form of interviewing, counseling or psychotherapy.

*Interviewing* — a method of information gathering.

*Counseling* — a more intensive process concerned with assisting normal people to achieve their goals or function more effectively.

*Psychotherapy* — a longer-term process concerned with reconstruction of the person and large changes in personality structure . . . often restricted in conception to those with pathological problems. (pp. 13-14)

Ivey goes on to point out that the words are used interchangeably and that distinctions between them often blur. Such will be the case here, and I prefer not even to approach the problem of deciding which of our children are "normal" and which are "pathological." I address the issue because Public Law 94-142 terms our students "seriously emotionally disturbed." It requires that we justify their exclusion from the mainstream, the domain of school counselors, presumably because they require more attention to these emotional disturbances than do students with only "normal" troubles. That appears to thrust us beyond the domain of counseling into the realm of psychotherapy if we are not to be derailed from this helping continuum altogether.

To suggest that psychotherapy be a part of our classrooms because it is "longer-term" and deals with more "seriously" disturbed children than does counseling appears to be only a semantic manipulation. But *what we do is shaped by what we say about what we do*, a point that will be highlighted again in this paper. In this case, we tend not to talk specifically about this helping continuum at all. The children are staffed into our self-contained programs in a general belief, as expressed to parents, that they will get the "special help" and the "structure" they need. Most often the "special help" *is* the "structure" — a well-designed, consistently applied behavior management system. But the unspoken assumption is that it will also include more pointed work on "reconstruction of the person and larger changes in personality structure" — in the verbal domains of interviewing and counseling as well as in the behavioral ones of reinforcement systems and academic modifications.

**The teacher's view**. No one brings the discrepancy between this assumption and the truth into sharper focus than ED/BD classroom teachers. They do feel derailed unless theirs are among the few programs that include regular, direct interactions with the children by psychiatrists, psychologists or social workers. (Remember — the counselors in their schools are at work on the problems of the regular classroom kids now that these difficult ones are getting "special help.") Many teachers do not feel that they are trained to deal directly with their children's emotional problems at all. They have their hands full creating positive, orderly environments in which children can acquire the academic skills that schools are about. In fact, one way some teachers keep a roomful of volatile children in hand is to keep opportunities for emotional responses at a minimum. The classroom may be arranged so that each child, as much as space will allow, is an island; opportunities for social interactions in the group or the mainstream are tightly regulated; instruction is primarily on a one-to-one basis, reinforced by work sheets done at desks or in carrels; talking is in hushed tones and only after hands are raised. The teacher knows the children need something more and, feeling personally incapable and too pressed by what he or she *is* doing, seeks help from such outside sources as mental health centers. But we know, for instance, that children from disadvantaged families — among those who need such help the most — are unlikely to maintain involvement with such clinics (Furman, Sweat and Corcetti, 1965).

The worst upshot of this can be that, instead of receiving more special help with the severe emotional problems that presumably led to placement in a restrictive setting, the ED child actually receives less. Instead of learning ways to solve personal or interpersonal problems, the child has them structured out of his or her classroom environment. Instead of talking to the school counselor about problems at home and with friends, the child receives points for "staying in seat" from an aide, the only regular helper made available to the harried teacher.

**The psychotherapist's view**. A history of animosity exists between educators and psychotherapists. Clarizio summarizes the situation and the low teacher self-esteem is has engendered.

> Because mental health workers or psychoeducational specialists (psychologists, psychiatrists, social workers and counselors) have not fully understood the teacher role, they have made little available to teachers in the way of specific and concrete practical suggestions pertaining to the management of the child's daily behavior. The sad truth is that the mental health concepts advanced by psychodynamically oriented clinicians have proved of little value to teachers on the front lines. . .

> Because of . . . basic differences in outlook, the folklore of mental hygiene concepts disseminated in teacher training courses has more likely neither promoted the mental health of children nor that of their children. In fact, personal adustment and academic achievement have been viewed as incompatible objectives. *Teachers, being asked to do what they cannot, have consequently been made to feel anxious, helpless, and guilty* with the result that they are less well prepared to fulfill their mental health roles. (1976, p. 4, italics mine)

A negative feeling Clarizio does not mention, but that we have all experienced as well, is anger. It is infuriating to be stereotyped, as teachers often are, as unfeeling drudges, perpetuators of an arbitrary system that denies children their human potential.

> It would be fair to say that the mental health movement has rewarded warmth of feeling; spontaneity, insight, a high interest in others, warm parents; freedom to exercise judgment; warm teachers; and democratic classrooms. The same movement has been against: being compulsive; competitive striving; intellectualism; being either thing- or achievement-oriented; being emotionally irresponsible; . . . teachers who are curriculum-oriented; the regimentation of school life; group tests; red tape; and vice-principals in charge of discipline. Many of these are precisely the values revered by educators . . . (White, 1965, p. 188.)

## Premise 1: By excluding what we believe to be our purview, i.e. counseling and psychotherapeutic interventions, we limit our potential as child helpers.

The teachers' and psychotherapists' views described in the preceding two sections are in agreement: teachers should not mess around with psychotherapy — that is the domain of warm, humanistic mental health professionals; teachers have neither the time nor the training to deal directly with serious emotional disturbance. They can be expected to create a structured environment in which the "primary goal is not to increase the child's personal insights but to achieve certain academic objectives" (Clarizio, p. 4).

I believe that this view is nonsense. It represents a perpetuation of myths: (a) about psychotherapy — that all of it is at heart psychodynamic in nature; (b) about psychotherapists — that they and they alone can be trained to be holders of the sacred flame of healing; and (c) about teachers — that our domain is limited to structuring classrooms and must not include restructuring the children themselves.

**Myth A - Psychotherapy**. Like most stereotypes, these three contain historical elements of simple truth that have been elaborated and perpetuated out of bounds. The first was born out of the pervasive influence of Freud's theory that created an identity in the public mind between psychodynamics, psychoanalysis and psychotherapy. Psychoanalysis is indeed a psychotherapy, but it is only one of three or four major branches of psychotherapy, others being behavioral and existential-humanistic (Hersher, 1970). Because its practice is generally very long term and can only be carried on in private therapy sessions, and because its focus is on uncovering the past and the unconscious, there is little the teacher can do to fit the psychoanalytical model except provide a classroom in which the children can regress without repression. A roomful of children regressing without repression is not one where teachers can readily ply their teaching trade; the libidinous and the anal are not the basics they are comfortable getting back to, and so psychodynamics and education have long since gone their separate ways.

Notice, however, the power of specific words. To many educators, psychoanalysis and psychodynamics are dirty words. They represent not only Freud's theory itself, which they may deem unproven or even absurd, but the frustration, irritation and professional rejection that accompany teachers' unwillingness or inability to participate as full partners in its use. By linguistic extention, the same feeling seems to have become associated with the word psychotherapy, from which the two psycho- words are not distinguished.

By cognitive extension, then, it happens that the notion of psychotherapy, healing the mind and spirit, is the baby that gets thrown out with the psychoanalytic bathwater. Such is the power of words that we have tended to categorize anything listed under the rubric *psychotherapy* of being as irrelevant to our profession and of as little help to our children as psychoanalysis is. Similarly, if with less intensely negative feeling, we have not fully explored helping activities under the heading of counseling. Counseling is for counselors as psychotherapy is for psychotherapists or, perhaps, psychoanalysts, psychiatrists or psychologists — counseling and psychotherapy are *not* for educators.

This has handicapped us with a kind of tunnel vision. Later I will outline some of the things counselors and psychotherapists are doing with practical promise for us in our classrooms. We must at least investigate them. It seems as preposterous to me that we not work directly on children's serious educational disturbance as it would seem if teachers of the visually impaired did not teach Braille or teachers of the learning disabled did not remediate reading. They could adjust their students' school environments to accommodate their major academic handicaps by taping all their lessons for them, but it seems clear to me that our special education mandate is to teach skills that will enable children to participate more normally in all aspects of their lives, not just academic endeavors. As the blind child needs mobility training, the ED/BD child needs cognitive and affective training, and to the extent that such skills are teachable, teachers must take responsibility for teaching them.

In saying this, I am not damning our work so far as irresponsible; I believe that, in practice, we have for years been actively and profitably engaged in psychotherapeutic endeavors. Our classrooms probably represent the most pervasive and extensive use in society today of behavioral therapy, a major branch of psychotherapy, and many teachers spontaneously employ skills and concepts that counselors would term humanistic or client-centered. I simply suggest that by sharpening our perceptions of these activities as being psychotherapeutic, we can open our minds and improve our skills in many ways we have traditionally deemed outside our ken.

**Myth B - Psychotherapists.** Review the long quotation from Clarizio earlier in this paper. His section title was "Psychiatric Versus Educational Model," and the list of the *them* who are versus the *us* are "mental health or psychoeducational specialists (psychologists, psychiatrists, social workers and counselors)" and "psychodynamically oriented clinicians." Clarizio goes on to summarize the aspects of inappropriate advice that mental health professionals give teachers clearly in terms of psychodynamic theory:

1) involving just one child at a time;
2) having a primary goal of increasing a child's personal insight;
3) being permissively accepting;
4) dealing with the subconscious;
5) focusing on problems other than real ones in the present situation.

This is a good example of Myths A and B as the author leaps to the summary thought that all these mental health professionals would be likely to give the same advice. In fact, the terminology and concepts quoted are clearly from the mouth of one of psychodynamic persuasion; many other therapists and counselors would disagree as vigorously with them as Clarizio does. I call Myth B the Ann Landers response to problems. When Ann's advice is sought by someone in deep emotional trouble, her urgent advice is to "seek professional help." Readers figure she means someone of the sort Clarizio mentions; that professional help exists as a specific thing that will heal, and that in all likelihood this help will be analytical and will involve delving into causes in one's psychosexual past.

In fact, individual professional helpers are a highly diverse group both within and between professional backgrounds; about the only absolute statement possible is that, of those mentioned, only psychiatrists can prescribe drugs. Some psychiatrists do so a lot, others very little. On the East Coast, they are likely to be psychodynamically oriented, in the Midwest, behaviorist. Some engage in direct psychotherapy, others mainly conduct interviews and manage cases, leaving actual counseling and training to social workers or psychologists. I work on a children's psychiatric unit and have visited others; each distributes staff and responsibilities differently. When I read Ann Landers' column and realize that my colleagues and I are part of "professional help," I am struck by how amorphous that is, how full of human variability and fallibility, and how imperfect the struggle we "experts" put up in trying to help.

The ED classroom teacher, pressed for time, short of help and feeling unqualified to counsel, often seeks the Ann Landers solution. The point to be made here is that if teachers have specific changes they want to see made in their children's school behaviors, they are likely to be more satisifed with work they get done in their own space than that administered elsewhere by an external therapist or counselor. As Walker (1979) says about the problem of generalizing change, "*What you teach is what you get*, and *where you teach it is where you get it*." (p. 298) Teachers need not defer to professional helpers — teachers are already professional helpers, experts in specific techniques of behavioral therapy. If we have a need to broaden our skills to include other helping strategies, we are at least as capable of doing so as most other professionals. We need more good training and materials we can get when we need them, but until they are forthcoming, we can use our teaching know-how to make what is available work.

**If mental health professionals not trained as teachers can use our technology, surely we teachers not trained as counselors can learn to apply our techniques to their content and help the youngsters in our classes.**

Teachers should not feel that in order to be effective counselors they must embark on extra degree programs. Paraprofessionals have been trained in relatively short times to work effectively with people, and a review of 80 studies shows their impact can be as high as or higher than fully trained professionals (Carkhuff, 1968). Hackney, Ivey and Oetting (1970) report teaching one of their secretaries the specific skill of attending in a 20-minute session using videotape feedback and practice. They then taped her in an interview with a student where her performance was judged to be "like a highly skilled, highly experienced counselor" (p. 345). Gardner describes training various paraprofessionals in schools to counsel successfully with troubled children (1975). If these inexperienced people can become effective counselors, teachers who are already knowledgeable about difficult children and who have a primary career focus in helping them surely can, too.

**Myth C - Teachers**. Just as the words we use to describe what we do to a large extent shape what it is that we do, so the terms we use to describe our profession both reflect and shape our professional character. All aspects of the field of special education for the emotionally/behaviorally handicapped became fully elucidated in 1972 with the publication of the first of the four-volume *Study of Child Variance* by the University of Michigan's Conceptual Project in Emotional Disturbance (Rhodes and Tracy, 1972). The perspective of six schools of thought about emotional disturbance — psychodynamic, behavioral, ecological, biophysical, sociological and counter-theoretical — and their relationship to teaching, were described.

Most textbooks written since *Child Variance* have laid out a menu of these approaches from which the teacher-in-training will presumably choose. (For instance, Shea, 1978; Paul and Epanchin, 1982). After this broad-minded introduction, however, it soon becomes clear that there are basically two opposing camps, that they are in vigorous theoretical disagreement, and that each particular author is committed to one or the other. One camp perceives the task of the teacher to be changing children's observable behaviors by structuring a classroom environment where academic and social learning will occur. The other perceives the task of the teacher to be changing children's perceptions of themselves in relationship to past and present events by individualizing a classroom program where academic learning and personal insight will occur. The most frequently used semantic shorthand terms for these camps are *behavioral* for the first and *psychoeducational* for the second; therein lies in the confusion.

Behaviorism has always had the advantage of being operationalized by its very nature into concrete and specific things-to-do with clear-cut means of assessing their efficacy. From Hewett's description of his engineered classroom in 1968 to the present, the use and acceptance of this technology has grown exponentially. Ten years ago, it seemed to me that the hardest task for teacher-trainers was to convince young teachers that creating warm, accepting classroom climates with an emphasis on teacher/student rapport was not enough, that they needed to provide structure, or "B-Mod," to help children change. Now I believe the excesses we are likelier to see among less-experienced ED/BD teachers are over-reliance on external structuring techniques. Because these perspectives have often been formulated and articulated in direct reaction against each other we have created an adversarial, either/or mind set about them. Compare these statements in regard to causal factors of children's problems:

> No technical procedure will help (the teacher) to overcome a child's resistance to learning, unless she understands the child's motivation and knows how to improve it, if necessary. Any teacher can acquire this knowledge by studying psychodynamics . . . (Dreikurs, 1968, p. 4).
>
> The special educator has two primary responsibilities: first to make sure that he or she does no *further* disservice to the child; and second, to manipulate the child's present environment in order to cause more appropriate behavior to develop *in spite of* past and present circumstances that cannot be changed (Kauffman, 1981, p. 286).

Note also the dates of these statements. The unreasonable exaggeration, the stereotype that has emerged from such recent thought as Kauffman's, is that ED/BD teachers have permission and know-how *only* to "manipulate the environment," *only* to deal with concerns of "appropriate behavior," and, by implication, should keep their hands off that which they cannot see or count. The further elaboration of these notions is that if teachers should deal directly with children's thoughts and emotions, they might really do "further disservice" because they have not been trained to do so. All professional groups guard the secret flames they hold sacred against encroachment by other disciplines, and so teachers have been amply reinforced for these humble views by other mental health professionals.

## Premise 2: Psychoeducation has been redefined in current psychological theory and now has much to contribute to and gain from educational technology.

In reading for this paper, I discovered that we educators have had a flame stolen from our professional sanctuary. We all know what the word psychoeducational means. It was identified and elaborated as one of the concepts in the *Child Variance* books where it is defined: "Psychiatric and educational emphases are of equal importance. Educational decisions are made with a consideration of underlying disturbance in the child" (Hoffman, 1974, p. 111). We also can probably name the main proponents of psychoeducation thus defined — for instance, Redl (1959), Morse (1979), Fagen and Long (1970) — and its main components:

> . . . that educational decisions should be based on the consideration of unconscious motives and underlying conflicts; that learning should be pleasant and relevant to the student; that group processes and crisis situations should be utilized to develop insight; that the teacher should establish an empathic relationship with the student; and that, although the teacher must enforce necessary limits, flexibility is important (Brown, G. B., 1981, p. 104).

Thus defined, psychoeducation is most often used as a label for the opposing camp to behaviorism. It suggests connections with psychiatry and with psychodynamic theory (though they themselves may be quite disconnected), with the past and the internal rather than with the present and overt.

While the behaviorists among us were dismissing psychoeducation as soft-headed or at least second-rate, and the psychoeducators were restating their positions and trying to come up with efficacy data to support them, the counseling psychologists took over the term and made it theirs. In doing so, I believe they have built a bridge back to education that child-helpers from both territories can walk across and meet upon. Contrast these psychologists' descriptions of *psychoeducation* with the educational ones quoted above:

> Within the past five years, there has been a good deal of promulgation of the view that psychological practitioners ought to consider educational training as a therapeutic modality . . . Most of the advocates of such an approach agree that the educational model means psychological practitioners seeing their function not in terms of abnormality (or illness) ⟶ diagnosis ⟶ prescription ⟶ therapy ⟶ cure; but rather in terms of direct dissatisfaction (or ambition) ⟶ goal setting ⟶ skill teaching ⟶ satisfaction or goal achievement. The person being served is seen as analogous to a pupil, rather than a patient (Authier, Gustafson, Guerney and Kasdorf, 1975, p. 31).

Authier and his colleagues go on extensively to review the literature of educational therapy as it has been applied in psychiatric hospitals with adult patients. They do so to make their point that the method is not limited just to relatively mild problems. Teaching activities have included instruction, homework,

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**The psychoeducator uses here-and-now data to help children make plans and build skills.**

modeling, guided participation, practice and feedback. The teaching has been tutorial or in small classes. The curriculum is as diverse as systematic desensitization of phobias, sex therapy, alcohol treatment, assertiveness and human relations training, and the theory of operant conditioning. The focus is the medium, not the message, and the medium is what we educators know best.

It is not surprising that many traditional counselors and psychotherapists take a very dim view of this trend as it becomes stronger. Psychologists are now moving into the same kinds of opposing camps on the issues that educators have long entrenched themselves in. Some fear that a skills approach to counseling will be mechanistic and that the individuality of persons will become lost (Noted by Ivey, 180). Others have concerns about the lack of a clear theoretical base for psychological education, and some appear reluctant to lose a certain kind of power and influence associated with the role of the doctor-like therapist or high priest and to open their methods to scrutiny (Authier et al., 1975). Just as we thought all along!

If mental health professionals who have not been trained as teachers can use our technology to help adults in psychiatric settings learn new ways of responding to others and managing their lives, surely we teachers who have not been trained as counselors or psychotherapists can learn to apply our teaching techniques to their curriculum content and help the still malleable youngsters in our classes.

The psychoeducational activities to be described here are quite opposite those ascribed earlier by Clarizio to mental health professionals.

1) Instead of working with one child at a time, the psychoeducator works regularly with class groups.
2) Instead of the primary goal being to increase children's insight, it is to improve the quality of their responses to their environment.
3) Instead of being permissively accepting, the psychoeducator forceably seeks change.
4) Instead of dealing with the subconscious, the psychoeducator deals with overt behaviors and with such covert behavior as the self-talk that sparks them.
5) Instead of dealing with problems outside of present situations, the psychoeducator uses here-and-now data to help children make plans and build skills for next time.

Of course this is not unheard of — it is already being done in many ED/BD classrooms. New programs that include complete lesson plans written by psychologists to guide teachers in providing therapy for their students in teacherly ways have been published since 1980 and will be described later; Schneider and Robins' *Turtle Manual* has been a resource for teachers of disruptive children since 1975. What I propose is that we not wait for more programs to be published for us, but that we use the therapeutic skills we have, master the ones we need, and assume responsibility for helping our children generate more rewarding thoughts and feelings that will, in turn, generate more adaptive behavior. If we apply social learning theory and the Direct Instruction technology from our domain to the content of the psychotherapists' domain and master the skills of intentional communication from the counselors' domain, we can design or modify our own helping curriculum.

### Premise 3: Teachers can go beyond the manipulation of the classroom environment to foster children's academic, affective and social growth. They can intentionally teach children new thoughts, feelings and behaviors.

Semantics again: In his book *Counseling and Psychotherapy*, Allen Ivey (1980) uses the term intentionality to describe the mature and effective counselor or psychotherapist. It brought to mind an educational term, Direct Instruction, a model of teaching that assumes neither entry nor mastery levels of achievement without having directly taken responsibility for careful teaching. *Intentionality* conveys the same sense of purposeful direction and precision. Ivey describes the intentional counselor as a person with a sense of capability and an awareness of his or her interaction with the environment. He or she has a broad response repetoire from which to draw the particular response that will be helpful whatever the age, socio-

economic or cultural background of the person to be helped. Three major skills are:

1) The ability to generate a maximum number of verbal and nonverbal sentences to communicate with self and others.

If you can remember guiding ED/BD students through lessons on feeling expression, you know what immobility, the opposite of intentionality is — "stuckness," frozen patterns of responding, the rigid inability to communicate.

2) The ability to generate a maximum number of sentences to communicate with a variety of diverse groups within the culture.

Our groups, parents and children, will not only be culturally diverse; they will be of diverse ages and developmental levels. Here the opposite of intentionality runs the gamut from being patronizing to obtuse to rejecting.

3) The ability to formulate plans, act on many problems existing in a culture and to reflect on these actions. (p. 8-11)

This is a key concept. The intentional counselor directs talk ultimately toward plans, actions the client can practice, apply and generalize.

Note that two of these major skills are described in terms of numbers of sentences generated by the counselor. Language — the words and sentences we use — is the core of helping interactions. Many or most of our children, however, are deficient in language in some way, and there is frequent and appropriate criticism of counseling as involving too much talk, too little action. But remember, *what we do is shaped by what we say about what we do*. Children must have words to think the thoughts to say to themselves in order to control their own behavior — that is how human beings work (Meichenbaum, 1977; Kanfer, 1975). The fact that with some we will carefully select short, simple phrases that can be overlearned and combined with actions or pictures shows our ability to hone our verbal and nonverbal language specifically to communicate with the cultural group that is our ED/BD classroom. "Maximum number of sentences" is better thought of as "maximum number of *kinds* of sentences" than as "maximum number of *words in* sentences."

Occasionally I observe a specific language disability of this kind among teachers who are having problems managing their classrooms. I call the problem "playing teacher," and it is a good example of frozen patterns of responding, the opposite of intentionality. When making school visits to work out management plans for children who are doing poorly, and meeting with the teacher before school, I may be impressed by his or her thoughtful concern for the child as an individual. But as soon as we walk into the classroom, a different person appears. I begin to hear the stock comments and see the stern mask of the teacher role we probably all acted as kids when we played school — "Just what is the meaning of this? . . ." "Don't talk to me in that tone of voice . . ." "If you don't stop that right this minute, I'll . . ." Stuckness. The intentional teacher will develop a good ear for sentences, stop using those that are ineffective or that make matters worse, and tailor helping ones for each child and each situation. Some suggestions for learning to do so will come later in this paper.

*Intentionality* names a quality that is generalized across helping interactions of all kinds; *Direct Instruction* refers to a teaching technology designed by Siegfried Engelmann (1969) specifically for low SES children whose poor language and attention put them at behavioral and academic disadvantage. *Intentional Psychological Instruction* is a term that synthesizes, for me, the communication competence of the skilled counselor with the precision and planfulness of the skilled teacher.

The complete teaching scripts that comprise the teachers' manuals for Engelmann's texts since published by Science Research Associates as *DISTAR* and the *Corrective* series seem about as distant from what we think of as counseling as anything educationaliy could be. But I propose that effective psychoeducation for our ED/BD children requires many of the same teaching strategies Engelmann uses for effective academic instruction.

An analogy to the teaching of reading may make this clear. Normal children who come from reading families will learn to read on their own. If we read aloud to them while they look on, they will spontaneously generate the linguistic rules of reading much as they learned to talk (Smith, 1979). This whole language

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**Language—the words and sentences we use—is the core of helping interactions.**

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approach, however, is not systematic and repetitious enough for cognitively slow children, and for them the reading teacher must specifically teach phonic rules and sight words, work deliberately on comprehension techniques, and broaden their exposure to language of all kinds (Stanovich, 1980). The children who require the most structured and artificial reading instruction of all are poor children from language-deprived homes, who have developed neither the cognitive nor the behavioral skills to learn efficiently. Such children are the targets of Engelmann's Direct Instructional model. When this model was compared to eight others over the four-year span of kindergarten through third grade for over 5,000 students in 139 communities, it placed first by wide margins on all measures of basic academic and cognitive skills, grade equivalencies and affective measurers (Becker and Engelmann, 1977). The study showed that poor children could catch up to middle class peers if reading instruction was precise and focused more on learning behaviors than on actual content. Severely learning disabled youngsters from adequate backgrounds also benefit from this approach. Finally, for the least able students of all, only such functional skills as recognizing the meaning of words on signs and other requirements for community survival comprise reading instruction.

This paper is not about reading, but it is about teaching, and the psychoeducational levels of intentionality required for different groups of children are analogous to the reading models discussed above.

The staircase in *Figure 1* will remind many of Hewett's (1968) diagram of the developmental sequence of educational goals, but in only four steps instead of seven. The visual image of a rising staircase is satisfying, suggesting easy movement up and down. It is important for the teacher to stand first on the top step to gather skills there before stepping down to meet the children and help them up—the teacher must step "down the up staircase." For example, social approval is not used only with autonomous students; on level two, social approval *plus* activities, privileges and progress charts will be used to reinforce desired behaviors, and so on down to level four.

**Level One**. The top flight, level one students are analogous to the whole-language readers; they have been able to learn spontaneously from the environment so long as opportunities were presented. They represent what all students "should" be, a fact some of our teaching colleagues in the mainstream believe so strongly that they cannot entertain the idea of doing things on levels four, three and two to bring the lagging student closer.

For autonomous level one students, the helping focus is on prevention and enrichment. Books and materials under the broad heading affective education have proliferated in recent years: examples include *Developing Understanding of Self and Others* (DUSO) (Dinkmeyer, 1973), *Teacher Training: A Workshop in Values Education*, a teaching program published by Guidance Associates and based on Kohlberg's (1970) stage theory of cognitive moral development, and *Values Clarification* (Simon, Howe and Kirschenbaum, 1972). Activities are designed to heighten students' awareness of their own attitudes, feelings and relationships with others. Lessons typically are varied in presentation format and student activity, move quickly from topic to topic, and do not include any mastery criteria to be met before continuing.

Another approach at this level is offering courses in psychology in secondary schools. They, too, have widely increased in number, and although the classes are academic, their content enhances students' conceptual awareness of mind, emotion and behavior. A most extensive program of psychological education developed at Harvard University for implementation with all students in a public high school states as its goal "that personal psychological development should become a primary objective of education" (Mosher and Sprinthall, 1971, p. 73).

**Level Two**. Level two students have the skills in their repetoire to manage life in the mainstream, but do so inconsistently; they react to external and internal stimuli by acting out, withdrawing or avoiding school altogether. They will do well for one teacher and be terrors for another; they do well for three days and do battle on the fourth, all for reasons that "were not their fault." They may receive individualized help from a school counselor or social worker; they may participate in a counseling group specially drawn together for children with similar problems; or they may spend a period or two each day in a special education classroom. Their needs are for corrective measures, not preventive ones. As is true of level two readers, they need specific instruction on how to perform the subskills that add up to general capability and practice in doing so consistently.

Training children and adolescents to display specific skills, practice them in the classroom, and then apply them at school, home or in the neighborhood is the psychoeducational method of choice for students at the bad day/good day level. By learning to handle problem situations in ways different from their habitual ones, they can gain daily control over their own thoughts and actions instead of being at the mercy of their moods or the provocations of others.

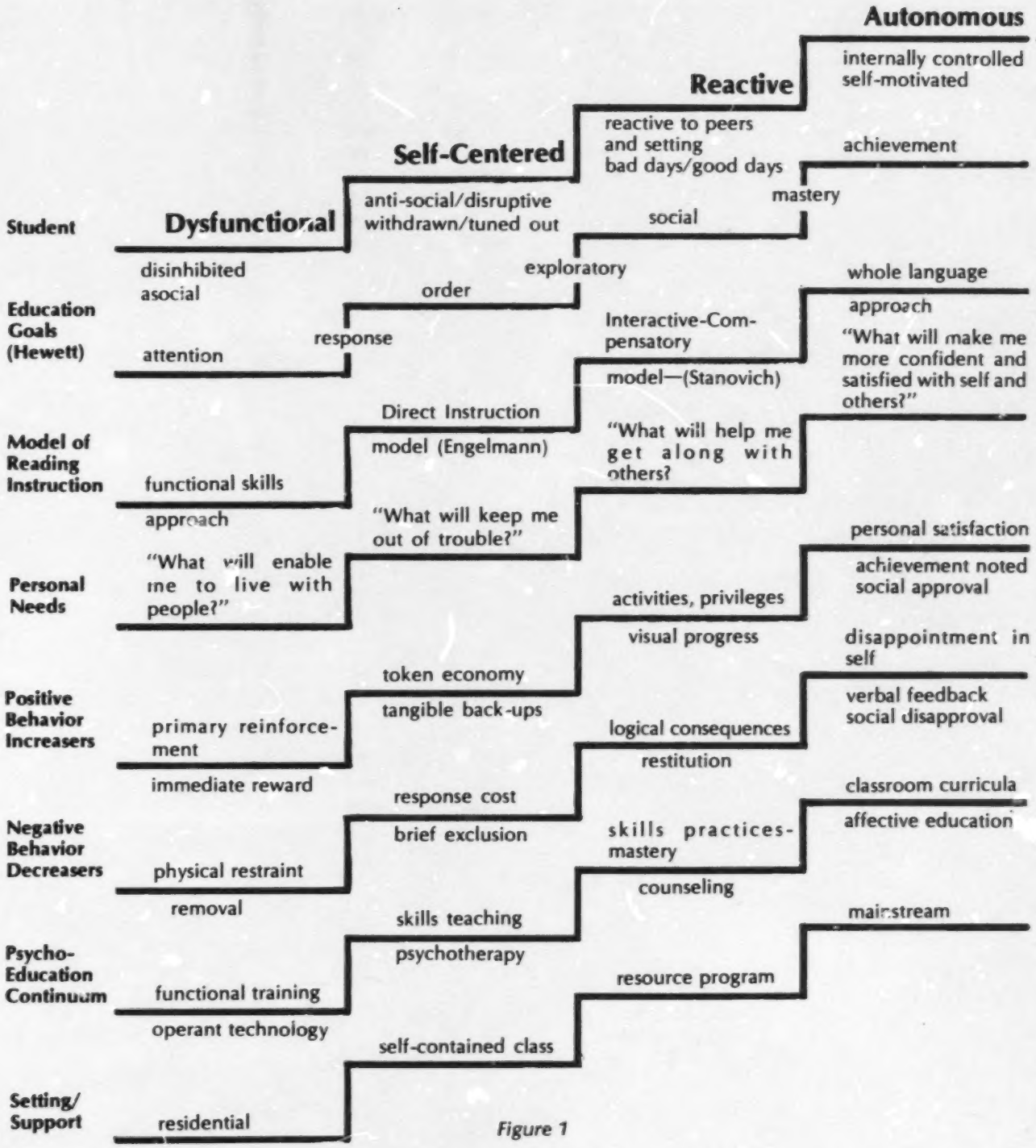



*Figure 1*

**Step-Up/Step-Down Model**

Students begin at their entry levels and leave external controls behind as they move up toward autonomy.

Teachers begin at level one and gather skills at each step to use as they move down to meet their students.

Excellent programs have been prepared and published at this level, and each includes explanations of rationale and method. In *Social Skills in the Classroom*, Stephens (1978) describes his directive teaching technique, which includes social modeling, reinforcement and contingency contracting, to teach each of over 100 skills ranging from the concrete — "disposing of trash in the proper container," to the abstract — "distinguishing truth from untruth."

Walker, McConnell, Holmes, Todis, Walker and Golden (1983) have produced a set of videotapes that show children modeling examples and nonexamples of socially appropriate behavior. Like Stephen's work, their program is geared for elementary age children. Called ACCEPTS (A Curriculum for Children's Effective Peer and Teacher Skills), the program's teacher's guide provides complete scripts for 28 skills taught daily for from five to 10 weeks, depending on the pacing appropriate for the group.

Social skills instruction for secondary students is packaged in *Skillstreaming the Adolescent* by Goldstein, Sprafkin, Gershaw and Klein (1980). *Skillstreaming* is specifically for seriously skill-deficient youngsters, whether delinquent, aggressive, withdrawn or immature — familiar descriptions to ED/BD teachers. The trainer's explanation to the group of students of how skillstreaming will work will serve the same purpose here:

> . . . the method is the same as those for learning anything new (same way as you learn a sport, learn to drive a car, etc.).
>
> Examples: a) Show (modeling): "We'll show you the way to do it."
>
> b) Try (role playing): "You'll practice it, rehearse for when you'll actually use the skill."
>
> c) Discuss (feedback): "We'll tell you what you did well and what you could use some improvement on."
>
> d) Practice (transfer): "You'll try it during the week." (p. 51-52)

Fifty skills are broken down into steps and include cognitive activities as specific steps. Each skill includes a step that begins, "Figure out," or "Try to understand," or "Decide," or "Choose." Because the other students in the group will discuss and evaluate a role player's success with all the steps, these cognitive steps must be spoken aloud for the audience. This is a critical aspect of the program. The activity of thinking purposefully and of stating the thought aloud as a specific skill step is a key one in building students' capabilities to manage their own behavior.

This idea, of using one's own words to modify one's own behavior *before* it occurs, is the key concept in *Think Aloud*, a manual for teachers of impulsive primary age children, designed to increase cognitive and social problem-solving skills. Authors Camp and Bash (1982) extensively researched their method for reducing aggression and increasing self-esteem in young boys. *Think Aloud* consists of 23 lessons moving from finding solutions for academic or cognitive problems to solving social problems. Also included are lesson plans for *Great Expectations*, a program for directly teaching improved self-concept by having children perform tasks and practice the self-talk needed for self-reinforcement. The manual includes teaching scripts and reproducible materials — everything needed to teach it — as well as excellent explanatory sections and reviews of where it is or is not likely to be successful — everything needed for the teacher with little or no clinical training to understand it. The authors remark, "We recognize that many teachers are skilled therapists, just as many skilled therapists are skillful teachers, and believe that the program is presented in a form that will be usable by both . . ." (p. 15).

**Level Three.** *Think Aloud*, which can be adjusted for preventive use in regular classrooms or used as written with small groups, straddles the steps of levels two and three. In fact, the other level two programs described above can also be used at level three, but it is essential to identify the children's particular needs that will require a shift in focus and emphasis, if not in basic content. The opening discussion about the differences between the words counseling and psychotherapy suggests differences in both the severity of problems and the intensity of remediation required, and can be viewed here as a line that separates the top two steps from levels three and four. To follow our reading analogy, level three students may be viewed as the language-deprived youngsters from impoverished backgrounds or the seriously learning disabled—not infrequently, they actually are the same children.

I have used the term self-centered to label level three not simply to describe these children's selfishness, but to suggest in Piagetian terms their cognitive inability to grasp the significance of persons and events outside themselves except as they serve or deny them their needs.

In a lecture presented in Cedar Rapids in the spring of 1982, Goldstein described the teenagers for whom skillstreaming was designed as having characteristics exactly opposite to the YAVIS client preferred by most mental health professionals and, it follows, by most teachers. YAVIS stands for Young, Attractive, Verbal, Intelligent and Successful (Schofield, 1964). The degree and extent to which our level three children are a non-YAVIS will serve here to distinguish them from the reactive children at level two.

1) *Young*. Level three children come in all ages, of course, so perhaps the better term here is age-appropriate. Self-centered children are likely to be extremely immature, persisting in incompetent behaviors that drive age-mate peers away.
2) *Attractive*. Level three children are rarely cute physically or behaviorally. They may be funny looking or unclean and act in ways termed bratty, sulky, nasty or impossible. There is ample evidence that physical attractiveness enhances liking by others from the start. Children with unattractive appearance and/or behavior are generally reinforced less often than appealing ones, leading to less and less chance of their displaying likeable qualities. Teachers and counselors who work with them must be able to get along on slim reinforcement from them in terms of gratitude or displays of people-pleasing behaviors.
3) *Verbal*. The most crucial deficit of level three children, as far as this paper is concerned, is their poverty of language. White (1965) describes the skill of being able to use language as a tool for inhibiting one's impulses and for understanding concepts, i.e. for "cognitive processing," as a great shift in thinking that occurs between ages five and seven. Earlier, language has been the means only of "associative processing" of information — reacting to surface cues, responding superficially to perceived associations between persons or things or happenings without use of logic, and using words primarily to get what one needs. Our level three children are those who have remained "stuck" at this associative level. They do not have the words or the concepts that the words formulate and represent to respond to the counselor, psychotherapist or teacher who counts on verbal exchange to promote change.

   Another milestone in development was conceptualized by Piaget and Inhelder (1958) as the shift from the stage of concrete operations to formal thinking. This is the key cognitive event of adolescence, the new understanding of abstract, conceptual issues, release from the concrete of immediate happenings into the world of hypothesis and possibility. The adolescent can, for the first time, think about thought and isolate it as an entity separate from, though related to, experience. Again, this capability is dependent on language — there is no way to think effectively about such concepts as responsibility or empathy without having words that name them.

   The remedial techniques that distinguish level two from level three helping interactions are specifically related to the deficits in verbal ability described here. Therefore, at level three, (1) use of language is always coupled with use of actions, pictures or symbols to impact meaning, and (2) the teaching of specific language cues for students to use to guide their own thoughts and behaviors is direct and intense.
4) *Intelligent*. In general, the lower the child is on the step model, the lower his or her intelligence, especially verbal intelligence. Correlations between IQ and degree of disturbance must not be misinterpreted as meaning that one causes the other. However, that they are related is clear from follow-up studies that show the predictive power of IQ for academic achievement and future social adjustment for both the severely handicapped (Rutter and Bartak, 1973) and the mildly and moderately disturbed (Robins, 1966). I hesitate to set a definite IQ boundary on the edge of any step, but my experience with students at level three in terms of social perception, verbal functioning and requirement for external controls suggests that their WISC-R verbal IQ's will likely be at or near a standard deviation below the mean, that there is or was earlier in their history a substantially higher performance IQ score, and that subtest scales would be especially low on those that comprise Kaufman's (1979) freedom from distractibility factor — coding, arithmetic and digit span. These characteristics, poor verbal conceptualization skills and distractibility, are likely to thwart the efforts of counselors whose emphasis is on giving verbal advice or on bringing clients to their own conclusions through active listening to their expressive language.
5) *Successful*. Finally, the level three students are unsuccessful at so many key skills that they do not achieve academic or social success in the mainstream and require special classroom arrangement. The irony of this is that these non-YAVIS students, like many adult non-YAVIS counselees, may so thoroughly frustrate their counselors or psychotherapists because of their

inattention, monosyllabic responses and self-centered perceptions that they are given up on "until they can show they want to change" or "are ready for help" like their YAVIS betters.

The relationships between levels of reading instruction and levels of psychoeducational intervention at level three are more than analogous; the effectiveness of both is enhanced by the same set of techniques from Direct Instruction as conceived by Engelmann (1969) discussed earlier in relationship to disadvantaged readers and that have been researched and expanded into other content areas at the University of Oregon. Walker and his Oregon colleagues (1983) have incorporated into their ACCEPTS program these principals of Direct Instruction:

1) clear definitions and specifications of each skill to be targeted;
2) selection and presentation of both instances and non-instances of the correct application/demonstration of each skill;
3) sequencing of skills so that increasing complexity is built into the child's behavioral repetoire as instruction progresses;
4) provision of a variety of practice activities to build in conceptual and behavioral mastery of each skill;
5) use of systematic correction procedures that move the target child toward skill mastery. (p. v-vi)

The ACCEPTS program is included under level two instead of level three because covering 28 skills in from five to 10 weeks assumes a readier grasp of concepts and faster student progress than level three children have, in my experience, displayed. The authors themselves suggest that more durable, positive effects than demonstrated in their follow-up assessments might be advised "by thoroughly implementing the program over a much longer period of time" and including more variation of the procedures (p. 6).

This parallels my experience with all the programs I have included under level two; they are well conceived on strong theoretical bases, but level three children require more repetition, sharper verbal cues, a greater number of related activities, and more practice for mastery than have been written into the programs as they stand.

**Level Four**. The dysfunctional students at level four are not available to counseling interactions; their psychoeducational help will be in the form of behavioral procedures. Of course, language will accompany and cue the specific behaviors being worked on. One excellent overview of the precise techniques needed at this level is *Helping Others* by Tanner and Parrino (1975). I offer this also as a suggestion that psychotherapy of even the most severely handicapped need not be viewed as too mysterious or difficult for nonprofessionals to engage in, as this training book is directed specifically toward paraprofessionals in such service settings as hospitals.

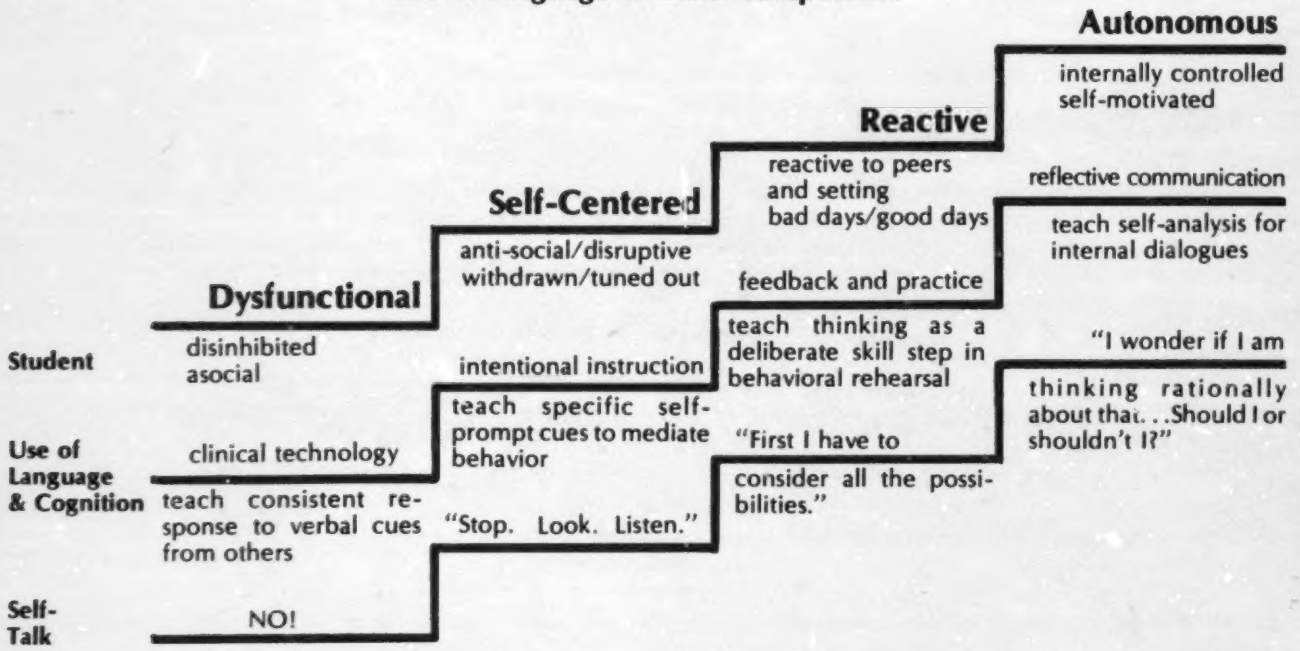
**Language and intentional instruction**. Earlier, we used this sentence to describe intentionality on the part of helpers: *What we do is shaped by what we say about what we do*. Now we use it to describe the content of our work with our students. It is a most economical and precise concept to consider at the heart of all aspects of our psychoeducational activities with children at all four levels.

Cognitive-behavior modification is a concept squarely in the foreground of our present professional scene. As summarized, conceptualized and explained by Meichenbaum (1977), it demystifies the notion of psychotherapy. Thoughts and feelings, once declared as residing in the little black boxes of our minds to which no one should presume access, now were explained as being cognitive behaviors subject to the same behavioral laws as all other behaviors. This notion is the key to freeing psychoeducation from the mysteriousness of psychodynamic theory, and freeing behaviorism from the limitations of only the seeable and countable.

The vehicle for cognitive behavior modification is language, and the specific psychoeducational technique that will be most planfully employed for specific individuals will depend on the level of language it requires. In 1947, Shaffer defined therapy as a "learning process through which a person acquires an ability to speak to himself in appropriate ways so as to control his own conduct" (p. 463). Such deliberate self-instruction for mediating or changing behavior may take the form of an internal Socratic dialogue at level one, of a well-rehearsed thinking skill step at level two, of a persistent echo of an overlearned phrase at level three, or of the conditioned internal response to an oft-repeated and finally internalized verbal command at level four.

*Figure 2*

**Step Up/Step Down Model**
**Use of Language to Build Competence**




It is beyond the scope of this paper to list the many individualized cognitive-behavioral therapies that have been used with children. Simple analogies from everyday thought may serve to illustrate the nature of the self-talk they employ: level one: "Should I or shouldn't I?"; level two: "Now I should count to 10"; level three: "i before e except after c."; level four: "HOT!" *What we do is shaped by what we say about what we do* has been used as a level two self-talk lesson throughout this paper!

**Premise 4: Psychologists and educators must together prepare materials and training opportunities for ED/BD teachers so that we will feel competent and responsible to incorporate Intentional Psychological Instruction as the central feature of our classrooms.**

The programs described earlier are hopefully just the first vanguard of many to come. They provide the conscientious teacher with well-focused, carefully planned teaching activities for well-defined populations. Now that such psychoeducational technologies of proven effectiveness are becoming more readily available, it is untenable that we who teach in ED/BD self-contained classrooms should not make use of them. If teachers of the blind could teach better vision, we would expect that to be the main goal of their classrooms. To the extent that we can teach better thinking, emotional responding and behavior, doing so should be the main goal of ours.

To do that well, however, we not only need to decide what program to use with which group of children, a very big order in intentionality itself; we need also to know how to adapt our words and sentences so that we become intentional teachers in the myriad of one-to-one encounters we have every day. Teaching in our classrooms is demanding, often exhausting business, the only one of the helping professions that requires such extensive after-hours planning and such all-day-long, client-intensive work. Perhaps the redefinition of psychoeducation will lead to the inclusion of training in specific counseling skills in our preservice training programs so that we are not "burned out" by the task. I believe this is imperative if we are to be the competent, confident child helpers that society expects and our students need.

As this paper is to offer teachers directly useful suggestions and not simply impassioned pleas for better

tomorrows, I close this section with a list of ways we can acquire some of these skills on our own.

**Read books by several key therapists.** We must not count on just watered down or condensed accounts such as those offered in this paper. We must delve and explore, and do so widely enough to provide our bows with several conceptual strings. The authors below practice the clear, unfancy communication they preach, so their books make for lively reading:

*On Becoming A Person* (1961) and *Freedom to Learn* (1969) by Carl Rogers.

*Reality Therapy* (1965) and *Schools Without Failure* (1969) by William Glasser.

*Cognitive-Behavior Modification: An Integrative Approach* (1979) by Donald Meichenbaum.

*Humanistic Psychotherapy* (1973) and *How to Prevent Your Child from Becoming a Neurotic Adult* (1966) by Albert Ellis.

Two collections of articles allows the theorists behind the programs described earlier to speak for themselves:

*Social Competence. Interventions for Children and Adults* (1980) by Rathjen and Foreyt.

*Teaching Social Skills to Children* (1980) by Cartledge and Milburn.

**Study and practice communication skills.** Our main psychoeducational planning will be for groups; groups are what life in mainstream classrooms is all about. However, life in ED/BD classrooms is organized so that much (perhaps most) of the day is spent in one-to-one teaching or none-to-one seatwork. Our overall goal will be to increase group interaction, but these opportunities for individualized time can also be balanced to include counseling interactions as well as academic ones.

When teachers protest that they are undertrained to provide counseling, it is likely that they mean they do not know *what to say*. Teachers, after all, are supposed to provide answers to problems. To become intentional counselors, however, teachers need rather to learn *how to listen* and respond to what *children* say. We may study any counseling technique or supportive therapy and discover that a fundamental first step in each is to convey personal care for the children and close attention to their ideas. It seems that this should just naturally happen — why would we be ED/BD teachers if we did not feel that way? But we all tend to talk too much, to give too much advice and too many directions, i.e. to "play teacher." Conveying the care and attention we feel in ways that will make our children better is an art, and luckily it is an art that can be learned. The best "natural teacher" in the world will become still better when he or she examines the components of successful helping communication and can fine tune them for each person in each situation. That is the meaning of intentionality for teachers, just as it is for counselors.

The books listed below are some that explain and provide exercises for practicing the communication *how's* that effective counselors are trained to use:

*Human Relations Development: A Manual for Educators* (1977) by Gazda, Asbury, Balyer, Childers and Walters.

*Essential Interviewing* (1979) by Evans, Hearn, Uhlemann and Ivey.

*Counseling and Psychotherapy: Skills, Theories and Practice* (1980) by Allen Ivey.

More familiar to special educators are the following works. They demonstrate, respectively, how teachers may put psychoanalytic, Rogerian and Alderian-based techniques to work in teacher-student communication:

"Strategy and Techniques of the Life Space Interview" *American Journal of Orthopsychiatry* (1959) by Fritz Redl.

*T.E.T.: Teacher Effectiveness Training* (1974) by Thomas Gordon.

*Teacher and Child* (1972) by Haim Ginott.

Two authors of texts for ED/BD teachers offer excellent discussions of, respectively, counseling techniques and therapies — behavioral, educational, rational-cognitive and others:

*Adolescents with Behavior Problems: Strategies for Teaching, Counseling and Parent Involvement* (1980) by Vernon Jones.

*Understanding and Teaching Emotionally Disturbed Children* (1980) by Phyllis K. Newcomer.

**Take a course, class or workshop** in counseling, human relations, small group dynamics or microcounseling. If a college is not available, watch for announcements of training programs. Many area mental health facilities offer sessions for persons volunteering to serve as paraprofessionals in crisis centers or suicide hot lines. In Iowa, the area education agencies sometimes provide excellent counseling workshops for regular teachers. Reading is essential, but so is practice with others, and it especially helps to receive feedback from more experienced persons.

**Arrange a "practicum" for yourself.** Select the teaching program from those listed earlier under level two, read every word of the explanatory material and teach at least one series of daily lessons *exactly* as they are laid out. This way you will have had the type of structured teaching used in the program you selected fully taught to you before you think about modifications. In our preservice training, we were encouraged to be creative, not bound to a teaching manual. To teach these programs well, we must become thoroughly experienced with the teaching method as described before we innovate. One thing the intentional teacher does not do is "wing it"!

**Work with a partner.** Pair up with a colleague in your school who shares your interest and share your readings and experience. Give each other feedback on a real or modeled classroom session. The outcome is likely to be increased self-confidence in your ability to work directly to try to change your students' thoughts, feelings and behaviors. Another benefit is that the greater the number of regular or special education teachers you engage in the project, the wider the network of intentional child-helpers there will be to catch your students when they stumble. Perhaps the ultimate payoff for learning these skills will be your ability to respond more intentionally to whoever you are with in your personal as well as professional life.

A term associated with cognitive-behavior modification is cognitive restructuring, a therapeutic approach "whose major mode of action is modifying the patient's thinking and the presumed assumptions and attitudes underlying his cognitions" (Meichenbaum, 1977, p. 184). Its best-known proponent is Albert Ellis whose Rational Emotive Therapy (RET) has been quite widely adapted for use in schools. It serves well as one vehicle for showing how a psychotherapy can be modified by teachers for their own psychoeducational purposes; we call our cognitive restructuring class Thinking Skills. Our other psychoeducational class is called, ordinarily enough, Social Skills. It too serves to demonstrate tailoring an existing model to fit the levels of the children we teach.

**The Tailoring-to-Fit of Psychoeducation**

There is no end to the content of therapeutic interventions that could be adapted to the classroom for Intentional Psychological Instruction. Level two included programs designed to teach problem solving, high self-esteem, and social skills along a continuum that stretches from self-help to aggression to alternatives. New classroom curriculum could be written to teach, for instance, assertiveness or interpersonal communication skills. Excellent group programs for training older adolescents or adults are available for both of these — *Personal Effectiveness* by Liberman, King, DeRisi and McCann (1975) and *Real Talk* by Gazda, Walters and Chalders (1981) respectively.

A central idea of this paper is that if, as teachers, we are clear about what we want our students to know and are practiced in the direct instruction-modeling-practice method of teaching, we can modify existing programs or create new ones to meet our children's specific needs. Assertiveness techniques as they are taught to adults might be quite ineffective, even disastrous, for ornery fifth graders encountering a rigid, authoritarian vice-principal who may not feel that any of our ED/BD students have a "perfect right" to anything much. But if the child's functioning level on our staircase and its interaction with the specifics of his or her environment are thoughtfully analyzed, assertiveness or any other psychological construct can either be tailored or fit or confidently rejected in favor of one that needs fewer alterations or a shorter wait until it is grown into. Following are variables that will affect what we will do for whom:

**Age — chronological, mental and social.** We consider CA's and MA's any time we take IQ's into account. Clearly there is a general trend downward for both from level one to level four; our relatively autonomous seven-year-old will be a very much less autonomous person in most dimensions than a fully autonomous 17-year-old. For our ED/BD children, social age is at least as critical a variable as mental age if it is discrepant from chronological age. Unfortunately, we have no universally understood SQ, or social quotient, available to express a precise ratio between social and chronological age. We can only point to behaviors that load on an immaturity factor (Quay, 1977) or use our own parental norms to say, "those tantrums are just like my two-year-old's."

My experience has been that most of our self-contained students fit on the level three, self-centered step, and that regardless of age, they need instruction that is even more direct, planned in smaller steps, and slower paced than the classroom program described earlier. A specific example is the Skillstreaming curriculum (Goldstein et al., 1980). Although it is intended for adolescents experiencing social problems, they seem to be more like the school counselor's clientele than the ED/BD teacher's. We find the book indispensable in our adolescent classroom, but must always adjust it down for our hospitalized groups. An example that may make this CA/SA interaction clear is that we use many of the modifications of

Skillstreaming which Ellen McGinnis describes in this volume for elementary classrooms with our older group of junior and senior high school age patients.

**Type of skill steps - molar and molecular.** The difference between the idea of a social skill as molar, a conceptual whole, or as molecular, a sum of discrete behaviors, will affect our teaching strategy. As a generalization, it seems likelier that the level one student will grasp a complete concept more readily than a level four student will. However, there are a number of exceptions. Marc Gold (1976) successfully uses a broad concept cue for training severely retarded adolescents, "Try another way," instead of specifying any steps. Camp and Bash's *Think Aloud* (1982) program for primary school students is designed to teach generic problem-solving skills which can be applied to any academic and social situation. In training young students to inhibit impulsive behaviors, Kendall (1981) begins with very specific examples and activities and deliberately fades teaching vocabulary from concrete labels to conceptual ones as the focus shifts from academic tasks to hypothetical social situations. "Look at all the possibilities" will be a more generally useful self-statement than "I must look at every circle," but it may take much concrete practice for the child to attach real meaning and power to the conceptual self-instruction.

In the Direct Instruction model, as taught by Engelmann and described and summarized by Becker and Carmine (1980), this is referred to as the shift from overtized to covertized problem-solving strategies. Again to use Skillstreaming as an example, consider these broad, general steps.

**Skill 28: Responding to Teasing**

Steps

1. Decide if you are being teased.
2. Think about the ways to deal with the teasing.
3. Choose the best way and do it. (p. 113)

The group leader will elicit some examples of ways to deal with teasing and model others; the trainer notes suggest these: "Gracefully accept it; make a joke of it; ignore it."

For our group, these steps would represent an end-place, the point at which the explicit teaching, practice and feedback of every action is no longer required. First our students need overt practice of subskills; then, as these become routine, they become covertized. Visible practice of each step is no longer necessary, and only the choice itself is overt.

To teach our students to deal with teasing, then, we have to first teach specific choice. We boiled them down to two, practiced the service of steps that comprised them, and added a final step.

**Responding to Teasing**

1. Decide if you are being teased.
2. Think about the ways to deal with the teasing:
   - A. Ignore
     - *no* eye contact
     - *no* facial expression — smiles, scowls or sneers
     - *no* words

     **OR**
   - B. Make an assertive response
     - use eye contact
     - keep face and body relaxed and natural
     - choose a short statement:
       - •make an I statement
       - •request to please stop
       - •agree with the teaser
       - •make a people-pleasing remark
     - use a clear and quiet voice
3. Choose the best way and do it
4. Get out of the teaser's wind
   - go to a friend
   - go to an adult
   - go on an errand.

More socially adept teasers than ours would have more choices open to them and would not need how-to-ignore lessons; ours have been repeatedly advised to ignore to no avail because they did not know how to

do it. They ultimately need the cognition of the molar concept, but for some children, it may first require the teaching of a lot of molecules.

**Amount of practice.** A feature of Direct Instruction is a shift from massed practice of new skills to distributed practice as the skills are incorporated into more complex routines. On our step model, we will use a heavier ratio of massed to distributive practice as we move down the levels from one to four. Again, our level three teasing example serves as an illustration. The exact opposite of the ignoring steps has already been repeatedly practiced under the heading People-Pleasing, i.e.: 1) make eye contact; (2) smile; (3) say the person's name and make a pleasant remark. To teach ignoring, the rule "*no* eye contact, *no* facial expression, *no* words" is rehearsed in choral fashion, written and round-robin role-played. The teasing teacher moves quickly from desk to desk so that each student has many short practices. (The teacher sounds a little like a drill-sergeant — actually, these sessions are lively and a lot of fun.) Only when the students show that the words of the rule have become automatic and the basic skill behaviors mastered, does the class move on to the next rule, incorporating the earlier one and occasionally having a review round as progress continues toward fully developed role-plays.

Level one students, by contrast, will be far likelier to make good use of the rule as it is simply stated and explained, incorporating it quickly into increasingly complex applications. Remember — they are the better-developed users of language who, no longer requiring the direct interaction of words and actions for learning, can make immediate use of the concepts the words convey, project them mentally into hypothetical situations and learn from the imagined outcomes.

The difference in the amount of time that must be spent helping autonomous and self-centered students acquire a new skill is clear. Goldstein et al., suggest that each Skillstreaming skill take roughly one one-hour class a week. We schedule social skills classes for a half-hour daily and may spend two weeks on as crucial and complex a skill as responding to teasing with all of its ramifications and massed practice for our group. The most complex routines in which practice may be distributed are those that occur in students' lives outside our classrooms. To ensure that practice occurs there, behavioral homework is a vitally important part of psychoeducation at all levels. Homework is our means of structuring opportunities for generalization to occur, and unless our lessons generalize, there is little point to the whole enterprise.

Knowing how to engineer meaningful generalization activities is difficult since there may be unequal opportunities for practice. Some social situations are faced daily or may be planned in advance; a major component of Skillstreaming is rehearsing an anticipated scene with one student and having him or her report attempts to use the skills back to the group. McGinnis' elementary age modifications include a full continuum of homework activities starting from surprise simulations set up by the teacher in the ED/BD classroom and extending out to the larger school and reports of home or neighborhood. Some social situations, such as those requiring resistance to temptation, may be infrequent and impossible to simulate. The best we can do is set up specific homework assignments for skills that require initiation by the student or that occur daily — on a school bus, for instance. Successfully handling these real-life situations in a socially competent way may increase the value of the training to the student, and make it likelier that he or she will attempt to use other skills. The broader the conceptual skill the student can learn to operationalize, the likelier generalization will occur.

**Type of cues.** Cues are verbal or visual stimuli that serve to prompt behaviors. The differences in the kind of language cues appropriate at the lower levels has been touched on above. As a rule, the lower the level, the younger the child and the less familiar the skill to be learned, the sharper, more frequent and more concrete the cue must be. For children who have a hard time managing their own behavior, a specific cue must become so automatic that it will surface readily at a given stimulus, and provide a message that mediates behavior so that he or she self-instructs instead of self-destructs.

The cues we teach are likelier to stick (to be like a tape recorder that automatically switches on to play a recorded message) if they are short with a verbal punch, and if the teacher reinforces them in a kind of rhythmic exchange with the children. The pace of such a lesson is well known to teachers who have taught DISTAR. Walker's ACCEPT program details this method in actual scripts for every lesson and it serves as an excellent model. Here is how responding to teasing is taught there:

"When someone teases you, you should look away and not answer.
When someone teases you, you should do what?"
LOOK AWAY AND NOT ANSWER (Reinforce or correct).
"When should you look away and not answer?"
WHEN SOMEONE TEASES YOU (Reinforce or correct).
"Kevin is teasing Gail. What should Gail do?"

LOOK AWAY AND NOT ANSWER (Reinforce or correct).
"Susan is teasing Stephanie. What should Stephanie do?"
LOOK AWAY AND NOT ANSWER (Reinforce or correct)
"When should you look away and not answer?"
WHEN SOMEONE TEASES YOU (Reinforce or correct). (p. 93)

The lesson moves on with guided discussion, examples and nonexamples from the videotape (another key Direct Instruction method that it pays to emulate), teacher modeling and practice until everyone shows they can do the skill the right way.

The reduction of a skill to a bare-bones cue can backfire. We taught the giving a compliment skill to a group that included a boy who probably had not said anything pleasant to anyone in years. For a cue at an entry level of complimenting, we tried, "Say a fair pair" and did round-robin practice of such two word compliments as "great job," "pretty dress," and "nice try." Andy's mental tape-recorder got stuck not with the conceptual cue, but with the specific compliment "nice shirt" which he practiced rigorously and thereby taught the younger kids. As reinforcement systems on the living unit often include giving a point or chip for using the social skill of the week, nurses and aides were soon having their token banks broken with nice shirt's. We soon fixed that for everyone but Andy, who persisted and may even now be offering "nice shirt" as his only pleasantry.

Cues can also be visual. For language deficient children especially, a picture flashing in their minds may be what turns on a self-talk tape. Palkes, Stewart and Freedman (1972) coupled traffic signs with verbal instructions to teach self-talk to hyperactive boys, and we draw a stop sign every time we have a think-before-you-act kind of skillstep.

*Figure 3*

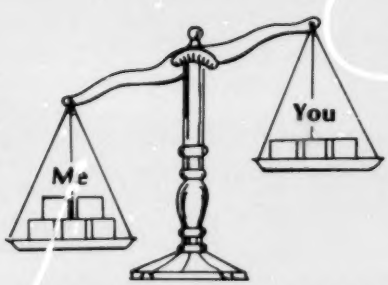
**Visual Cues**

Eye Contact
+
Smile=
People Pleasing

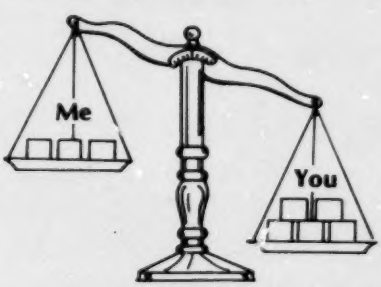
To emphasize the need for people-pleasing, we frequently draw our eye-contact-smiler on the blackboard. Another helpful visual image for teaching skills like convincing another, negotiating, or answering a complaint is a scale. The key concept of giving weight to the other person's viewpoint is demonstrated literally as stones are added to the "My" side for each statement of the arguer's position and to the "Your" side for each display of asking for or listening to the other person. Success is described as the balance that leaves both sides satisfied.

*Figure 4*

**Visual Model of Negotiating**




**I say all my ideas. You feel put down and get mad.**




**You say all your ideas. I feel like a loser who got dumped on.**

**I say my ideas and ask you yours. We solve the problem so we both feel satisfied.**

Although this may be needed more by level three than by level one students, it is likely to enhance meaning at any level. Consider how symbols like Deno's (1970) triangular cascade of service and Hewett's staircase of reinforcers stay in our minds to summarize quantities of words into concepts. Someone has said that it is flags, not armies, that win wars.

**Quality of feedback**. When the ACCESS lesson directs the teacher to "reinforce or correct," it means the precise routines typical of Direct Instruction lessons. The student is either commended for making the response in "the right way" or is immediately corrected using a basic model, lead, test format. At every instance of an error, the teacher says, "no" and then models a right way, leads the student through the right way and checks to see that the student can do or say it the right way on his or her own.

This teaching skill is usually taught with level four students, and teachers will do well to carry it up the staircase with them. These are not values clarification activities where ostensibly anything goes so long as we are clear about it. These are training lessons where an aggressive response is as wrong as 5x5=55; mistakes must be corrected, a better idea demonstrated, and the student led to immediate practice of the right way.

As you progress up the levels, you take less and less direct responsibility for reinforcement and correction. When the other students in the group are the ones who evaluate a classmate's role-playing, their own learning is reinforced. Furthermore, their consensus is much more powerful feedback than teacher direction. Still, the teacher must take responsibility for seeing that the student trainee gets clear, accurate information and is reinforced only for appropriate prosocial responses. Some group members may be slow to give up recounting instances of their aggressive responding — "Well, if he said that to me, I'd punch him out." A clear "no" and a reminder that this class is to teach ways for kids to *stop* getting into fights and trouble will give both students the correct feedback they need. It is important to be encouraging and to accept alternatives — that is a basic tenet of problem solving. But a poor response that deviates substantially from the goal must be corrected even though the student should be warmly commended for a good try.

## Summary

Psychoeducational interventions use teaching technology to provide preventive activities, counseling or psychotherapeutic help to children and adolescents in school. Many excellent resources are available, but to suit our preference and the children's needs, we may have to modify them or develop our own sets of lessons. This can be achieved if we take careful notice of our students' functional levels and teach intentionally. The phrase *Intentional Psychological Instruction* is meant to convey: (1) the use of as many components of Direct Instruction as are required to teach cognitive and behavioral skills to mastery in the least amount of time; and (2) the use of as many techniques of intentional counseling as we can learn to communicate therapeutically with our students and help them progress toward long-term goals.

In the example to follow, "shoulds" are discussed. Here are some shoulds for us to bear in mind as we take on psychoeducational challenges in our classrooms.

We should abide by the same ethical guidelines that counselors use (Ivey, 1980), chiefly these:

1) **Respect children's rights and personal privacy** — within the boundaries of a teacher's responsibility. Our students need to know that we cannot keep knowledge confidential that could lead to harm of themselves or others.

2) **Recognize our limitations**. Our arena is the classroom, our stage the small group meeting, our teaching is in psychoeducational skills training and empathic, problem-solving communication skills. Our concerns are the here-and-now thoughts, feelings and behaviors of our children. It is not our business to make psychiatric diagnoses or attempt to root out psychosexual causes of our students' problems. Not only could such activities cause harm to the children, they would not be particularly useful to us. We have plenty to do in our own domains!

3) **Avoid asking irrelevant details**. In our profession, such details are most likely to be sought about a child's family life and history. Fascinating as some such horror stories may be, they are not our business to learn or to spread. Again, focusing on them is likelier to hurt than to help if we use them as excuses for writing off the child's potential to develop and change.

4) **Treat our students as we would like to be treated** — with respect, dignity, kindness and honesty. Notice that this excludes harsh, demanding confrontation, a counseling style that is sometimes affected but may truly do harm.

If we follow these guidelines, we will meet our responsibility to, in Kauffman's words, "do no *further* disservice to the child" as we meet our greater responsibility to help the child thrive emotionally, cognitively and socially as well as academically.

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